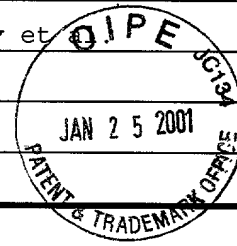


**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/714621
Filing Date	11/16/2000
First Named Inventor	Gagan Lal Choudhury et al
Group Art Unit	
Examiner Name	
Attorney Docket Number	1999-0776

**Enclosures (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input checked="" type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Remarks		

CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Susan E. McHale	Reg. #	35948
TELEPHONE	908-221-5776		
SIGNATURE	<i>Susan E. McHale</i>	DATE	01/23/2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 01/23/2001

Type or Printed Name	Linda Chellew		
Signature	<i>Linda Chellew</i>	Date	01/23/2001

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

FEE TRANSMITTAL

Patent Fees are subject to annual revision.

Complete if Known

Application Number	09/714621
Filing Date	11/16/2000
First Named Inventor	Gagan Lal Choudhury et al.
Examiner Name	
Group/Art Unit	
Attorney Docket No.	1999-0776

TOTAL AMOUNT OF PAYMENT

\$0

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
 Deposit Account Name AT&T CORP.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	710	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
106	320	Design Filing Fee	
108	710	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) 0**2. CLAIMS**

☐ Filing Under 37CFR 1.53 (b)
☐ CPA Under 37CFR 1.53 (d)
☐ Amendment

Extra Claims Fee from below Fee Paid

Total 0 - 20 = 0 x 18 = 0
 Ind 0 - 3 = 0 x 80 = 0

Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent Claims in excess of 3
104	270	Multiple Dependent Claims
109	80	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) 0**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1390	Extension for reply within fourth month	
128	1890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1240	Petition to revive - unintentional	
142	1240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection(37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) 0**SUBMITTED BY**

Typed or Printed Name	Susan E. McHale	Complete (if applicable)	
Signature	<i>Susan E. McHale</i>	Reg. Number	35948
Date	01/23/2001	Deposit Account User ID	

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

FIG. 1A

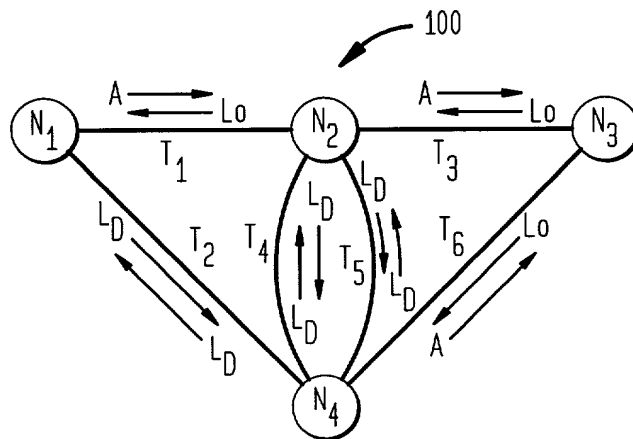


FIG. 1B

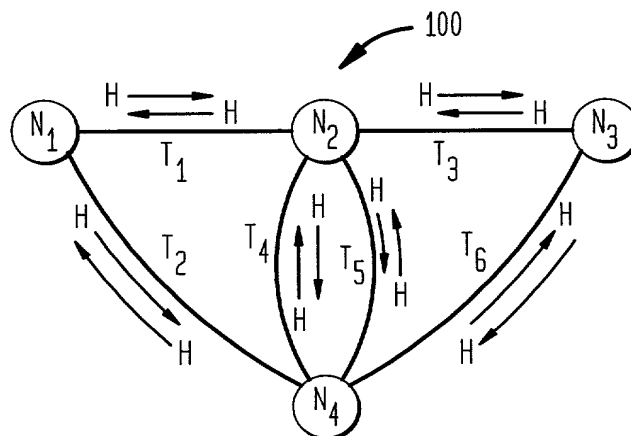


FIG. 2

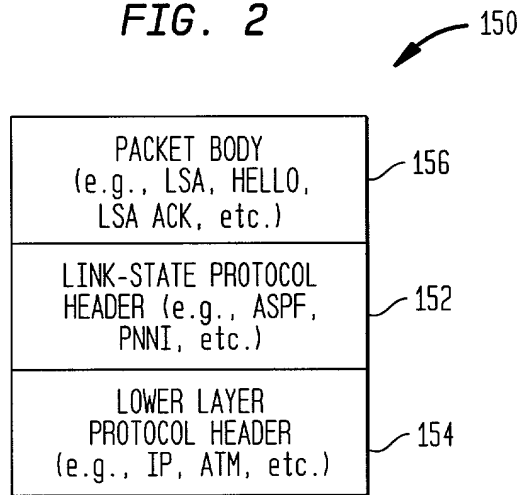


FIG. 5

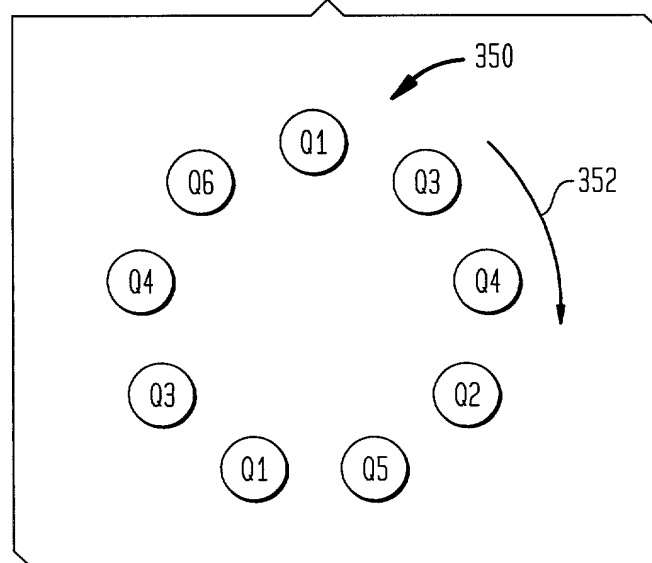


FIG. 3

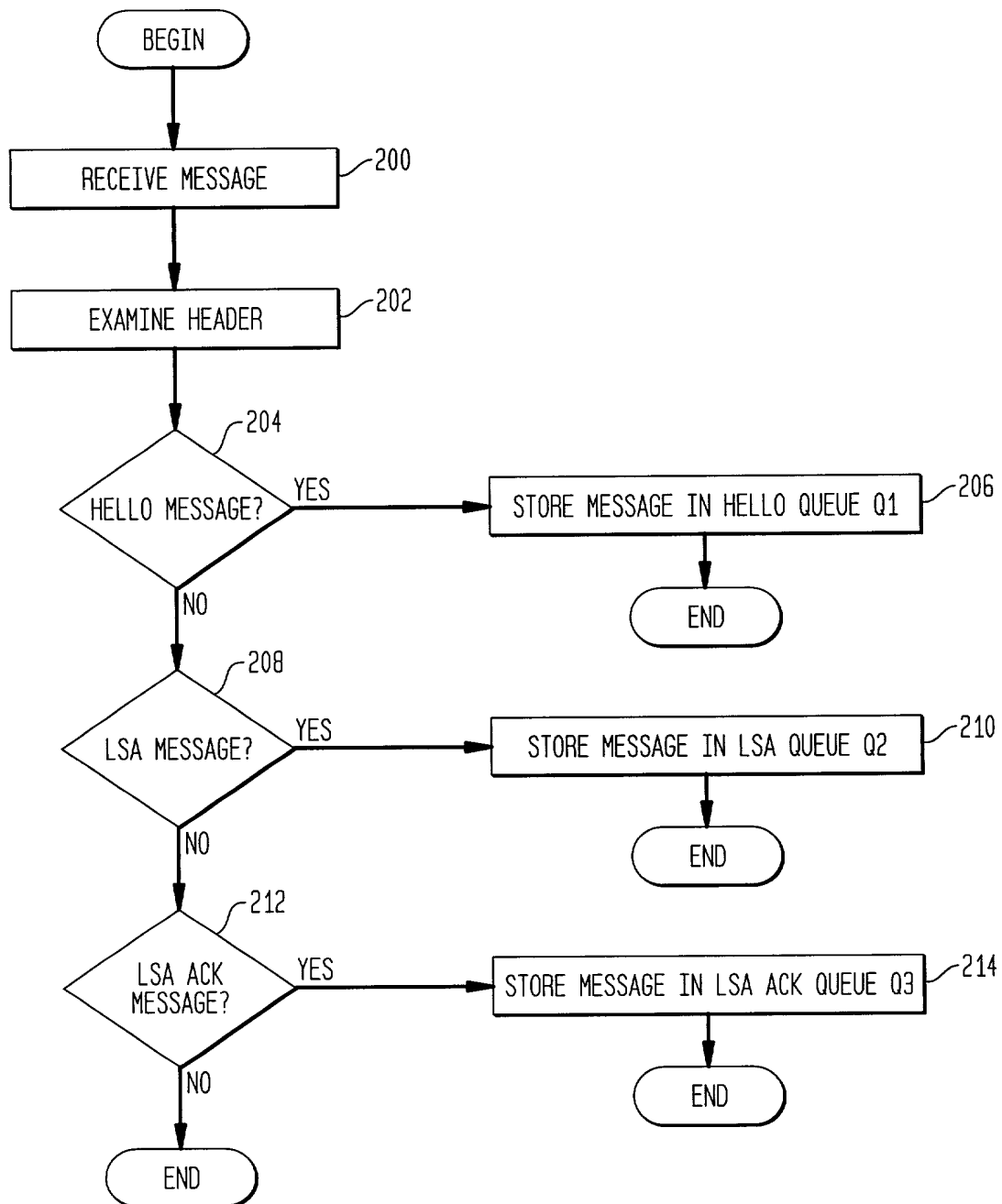


FIG. 4

